

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30381

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>176</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> c. LENGTH OF STAY (in this place) <u>--</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Phelps County Memorial</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> c. CITY OR TOWN <u>Salem</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Watkins typ</u> <u>0331</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora Elizabeth</u> b. (Middle) <u>Thomason</u> c. (Last) <u>Thomason</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>9-13-55</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1896</u> <u>Oct 19 1900</u>	
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Wilfred Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Causey</u>		14. NAME OF HUSBAND OR WIFE <u>Wilfred Thomason</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilfred Thomason</u> ADDRESS <u>Salem rt. 1 Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN ABSCESS</u> <u>PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>342X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/3</u> , 19 <u>55</u> , to <u>10/13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10/13</u> , 19 <u>55</u> , and that death occurred at <u>7</u> <u>PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Gross M.D.</u> (Degree or title)		23b. ADDRESS <u>Gross Clinic - Salem, Mo</u>		23c. DATE SIGNED <u>9/19/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Herman</u>		24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 19, 1955</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl L. Gunn</u> ADDRESS <u>Salem, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Phelps County Health Officer,

County File Number 231

Date Filed SEP 28 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 237

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.